



STATE OF TENNESSEE  
Bureau of TennCare

## Unfair Treatment Complaint

Versión en español atrás

Federal law says that unfair treatment is not allowed. No one can be treated in a different way because of race, color, birthplace, language, sex, age, beliefs or disability.

If you feel that you have been treated unfairly for any of these reasons, you have the right to complain. We do not allow unfair treatment in TennCare.

We need the following facts so we can look into your complaint. If you need help to fill out this page, let us know.

**1. Are you filing this complaint for yourself?** ☐ Yes ☐ No

If yes, go to question number 2.

If no, tell us your name: \_\_\_\_\_

Give us a phone number where we can reach you: ( \_\_\_\_\_ ) \_\_\_\_\_

**2. What is the name of the person you feel was treated unfairly?**

<b>Name of Person You Feel Was Treated Unfairly</b>			<b>Date of Birth</b>	
_____ Last First Middle Initial			_____/_____/_____ Month Day Year	
<b>Full Mailing Address:</b>			<b>Social Security Number:</b>	
_____ Street Number and Name, Rural Route, Apartment Number, Lot Number, PO Box, etc.			_____	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	Daytime Phone ( )	
			Evening Phone ( )	

**3. Who do you think treated this person unfairly?**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - or - (\_\_\_\_\_) \_\_\_\_\_

**4. Give us facts about the unfair treatment.**

Check the box or boxes that you think were the reason for the unfair treatment.

Race ☐ Color ☐ Birthplace ☐ Language spoken ☐ Sex ☐

Religion ☐ Beliefs ☐ Age ☐ Disability ☐

What date did the unfair treatment take place? \_\_\_\_\_

Do you think it has happened other times? ☐ Yes ☐ No If yes, how many other times? \_\_\_\_\_

Have you complained about this problem before and tried to have it stopped? ☐ Yes ☐ No

If yes, who have you talked to about it? Name: \_\_\_\_\_

When did you talk to them about it? \_\_\_\_\_

Have you filed this complaint with another federal, state, or local agency? ☐ Yes ☐ No

Have you filed this complaint with any federal or state court? ☐ Yes ☐ No

If yes, check all that apply. Federal agency ☐ Federal court ☐  
State agency ☐ State court ☐ Local agency ☐

Phone Number (\_\_\_\_)

[illegible]

**Mail these pages to:**      **Bureau of TennCare**  
**Attn: Director of Non-discrimination Compliance**  
**310 Great Circle Rd.**  
**Nashville, TN 37243**

**To get help in another language, call one of these numbers:**

Language	Toll Free Number	Nashville Number
Arabic	1-877-652-3046	313-9840
Bosnian	1-877-652-3069	313-9382
Kurdish-Badinani	1-877-652-3046	313-9840
Kurdish-Sorani	1-877-652-3046	313-9840
Somali	1-877-652-3054	313-9894
Spanish	1-800-254-7568	227-7568
Vietnamese	1-800-269-4901	313-9899

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